

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 046 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000014812 1. Entity Name ARTISTIC SOLUTIONS, LLC					
Principal Place of Business 4025 CATTLEMEN RD. #118 SARASOTA, FL 34233			Mailing Address 4025 CATTLEMEN RD. #118 SARASOTA, FL 34233		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1108643	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS RESOURCE SERVICES, INC. 4025 CATTLEMEN RD. #118 SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing)					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DURST, TY 4025 CATTLEMEN RD # 118 SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.					
SIGNATURE: <u>Ty Durst</u> <u>Ty Durst</u> <u>4-30-03</u> <u>941-342-0736</u> SIGNATURE AND TYPE OR PRINTED NAME OF EXPIRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2003 (1002)